

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/869638

FILING DATE

APPLICANT(S)

	CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/	/									51
2	/	/									52
3	R	R									53
4	R	R									54
5	R	R									55
6	R	R									56
7	/	/									57
8	/	/									58
9	/	/									59
10	/	/									60
11	/	/									61
12	/	/									62
13	/	/									63
14	/	/									64
15	/	/									65
16	/	/									66
17	/	/									67
18	/	/									68
19	/	/									69
20	/	/									70
21	/	/									71
22	/	/									72
23	/	/									73
24	/	/									74
25	/	/									75
26	/	/									76
27	/	/									77
28	/	/									78
29	/	/									79
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31	/	/									81
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34	/	/									84
35	/	/									85
36	/	/									86
37	/	/									87
38	/	/									88
39	/	/									89
40	/	/									90
41	/	/									91
42	/	/									92
43	/	/									93
44	/	/									94
45	/	/									95
46	/	/									96
47	/	/									97
48	/	/									98
49	/	/									99
50	/	/									100
TOTAL IND.	14	14	14	14	14	14	14	14	14	14	TOTAL IND.
TOTAL DEP.	14	14	14	14	14	14	14	14	14	14	TOTAL DEP.
TOTAL CLAIMS	15	15	15	15	15	15	15	15	15	15	TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY